AEIS Public Awareness/Training/ Family Support Activity

N	Name and Title of Individual Completing Report
	Address
	Name of El Program (if applicable)
Date of Activity	/
Type of Activity: (choose one)	Public Awareness (e.g.: short meeting with medical, childcare or faith based organizations or newspaper article)
	Educating the General Public
	Outreach to Primary Referral Sources
	DCC Council Activity
	Family Support Activity (e.g.: family focused resource fair or planned family function by DCC or El Program)
AUDIENCE INFORM	
name of individu	ual Contacted, if applicable Phone Number
	Name of Group or Organization
Number of Attendee	s/Audience:
Category:c	childcarelegislativenewsletter/TV
student	faith/ basedexhibit/displaymedical
Planned follow - up:	
Counties targeted: _	
Send completed form to	o: Rae Bazzell, ADRS/AEIS, 560 S. Lawrence St, Montgomery, AL 36104 FAX: 334 293-7375, Email: Rae.Bazzell@rehab.alabama.gov

AEISActivityReportForm 2021